

September 22, 2003

To: Richard E. Larson, Executive Director, CARES Commission

From: Dean Ward, President AFGE Local 2281

Dear Sir,

As the president of American Federation of Government Employees Local 2281, I represent the approximately 400 member bargaining unit at the Kerrville Division of the South Texas Veterans Health Care System. Our Division provides primary care, long-term and respite care, mental health care, and limited specialty care. I am grateful for the opportunity to participate in a process that is striving for delivery of quality and timely healthcare for the veterans of the United States of America.

According to the Kerrville Historical Society, the VA hospital in Kerrville has been in operation for eighty years. My parents, my wife, and I collectively represent over eight decades of federal service in the VA system. Our hospital and community have enjoyed a symbiotic relationship for quite some time.

I don't presume to tout extravagant statistics and argue benchmarks, scorecards, and such. I simply want to stress the importance of continuum of care, customer service, and meeting the needs of those we serve in the most optimum manner possible.

My understanding of the charge of the CARES Commission is to identify gaps and craft solutions to those gaps. This would include facilitating taking care to the veteran and minimizing the negative impact of having to travel long distances. Given that, it would seem antithetical to construct a solution to the identified gap concerning the Kerrville VA that would cause them to do just that.

It is clear that the facility in San Antonio cannot accommodate the full complement of patients who need care. The Kerrville facility has been the relief valve for the Audie L. Murphy VA for several years. It is also clear that the local hospitals, Sid Peterson Memorial Hospital in Kerrville and Hill Country Memorial Hospital in Fredericksburg, are incapable of handling the overflow of patients that the San Antonio VA often experiences.

The Kerrville VA is substantially sound and has space to accommodate the overflow. The staff is already in place. It is projected the population of elderly veterans will grow by 500,000 over the next seven years, and the number of very elderly veterans age 85-plus will triple to over 1.3 million for at least the next 20 years. Concomitantly and proportionally, the number of veterans anticipated to live in our area is expected to increase. Waiting times for most specialty care areas are exorbitant and completely unacceptable. These issues could be better addressed by focusing on refurbishing the Kerrville facility's capability rather than concentrating more and more patients in a facility that is already bursting at the seams. It appears rather clear that, from a bureaucratically logical standpoint, the Kerrville facility would be closed upon completion of the projected expansion projects at the Audie Murphy VAMC. Thence, the Kerrville facility would be privatized and the agency could say that no one would lose his or her job.

The CARES plan could very well mean the destruction of almost 400 good jobs held overwhelmingly by veterans. Jobs at Kerrville VA are some of the best jobs in the community. Our workforce is diverse, and we enjoy good pensions, health insurance, regular salary adjustments, training, and career development potential. A long-time employee who is in the process of retiring recently shared that he has devoted his life to veterans and is feeling anxious about not being able to serve them any longer because of retirement. Commitment to veterans care is the major motivating force behind every dedicated employee at the Kerrville VA. Veterans will not enjoy such dedication and commitment from a privatized facility where veterans will be a minority in the workforce population. Their special needs will not be anticipated and met as they would be by civil servants.

The implication of the CARES plan is that veterans will not receive long-term care at VA facilities. There have been, and continue to be, plans for leasing space for privatized long-term care at the Kerrville facility. There is no data that show the private sector will be able to cover VA's needs through enhanced use leases. Regardless of whether they materialize, they will not be the same thing as veterans-only facilities that guarantee veterans access to care. Providing veterans care at veterans' facilities was a promise made that CARES is trying to break.

Privatization of veterans' long-term care, either for those with dementia or psychiatric problems, is neither cost-effective nor consistent with the promise of lifetime care our nation has made to our veterans.

There is a 90-bed Extended Care Treatment Center at the San Antonio facility. Might it be efficient, if it is deemed appropriate to move acute care from the Kerrville facility to Audie Murphy, to then move ECTC into that vacated space at Kerrville? This would free up space at the San Antonio VA for acute care, not entail such horrendous cost for remodeling, and bring those long-term care patients to a Center of Excellence facility.

It would appear that the major impetus for crafting the solution that has been proposed by the CARES group has more to do with simply enhancing one facility at the expense of another. How efficient is it to spend millions of dollars for a project that will take years to complete, when we need to enhance the viability and capability of addressing the more immediate needs that currently exist?

In summary, Local 2281 do not concur with or endorse the recommendation to close acute care at the Kerrville VAMC. We do concur with the need to provide comprehensive care at our facility, which includes the ability to treat acute disease processes for veterans referred by primary care and those who reside in our long-term care units. CARES should be about providing increased capacity for delivery of veteran patients' care; higher quality, increased continuity, more specialized care, greater commitment, and greater recognition. Currently, CARES appears to not be focusing on moving facilities and capacity to areas where the veterans are. Rather, exemplified by the recommendation to close acute care at the Kerrville facility, it has more to do with closing units and facilities and reducing capacity in an effort to privatize veterans care. Thousands of veterans will lose their jobs. Taxpayers will lose. Veterans will lose. Kerrville and Kerr County will lose. Federal employees who have devoted our lives to the care of veterans and the promotion of their interests will lose.

Sincerely,

Dean Ward

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: **AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES**  
: **PROFESSIONAL LOCAL 4032**

Date: September 19, 2003

Everett Alvarez, Jr.  
Chairman, CARES Commission  
Office of the Secretary  
Department of Veterans Affairs  
Washington, DC 20420

Subject: Written Statement for Cares Commission

Chairman Alvarez and members of the CARES Commission:

My name is Virginia C. Barrera, R.N., President of AFGE Professional Local 4032. I have been a Registered Nurse at the Audie L. Murphy Memorial V.A. (ALMVA) hospital for over 26 years. Although I am not a veteran, my brothers and numerous nephews have served their country to defend our freedom and democracy. As a Union President, many of the constituents that I represent are veterans. One of my deepest regrets in life was not to have served in the Armed Forces of the United States. As a result, I have chosen to do the next best thing - to serve the veterans that have risked their lives on the frontline of battle so that I may enjoy the fruits of their labor. I am very proud to be a career V.A. nurse and would not have it any other way.

As a nurse, employee, and Union leader, all my roles led to the same ultimate goal - to deliver quality, safe, and effective care to our veterans. Upon my employment to Audie Murphy V.A. hospital in 1976, there existed well over 700 operational beds. As a result of changing healthcare trends, preventative medicine, HMO's, and cuts to veteran benefits, current operational beds are a mere 350. ALMVA opened in 1973 and has since provided services to veterans within an area spanning from Austin, TX down to the Rio Grande Valley and well into the interior of Mexico. The new South Texas Veterans Healthcare System (STVHCS) encompasses San Antonio and its community clinics, Del Rio, the Hill Country (inclusive of the Kerrville Hospital), and the satellite clinics serving Victoria, Corpus Christi, Laredo, and McAllen, providing services to over 55,000 enrolled veterans. The McAllen clinic has the potential to serve approximately 48,000 veterans living in eight counties and an approximate 5,000 additional "Winter Texas" veterans seeking services. McAllen Clinic is the initial and primary visit site for veterans residing within Mexico - a number approximated at being 30,000. Veterans residing within Mexico may and do utilize the services provided by the STVHCS.

According to Census Bureau reports, Texas ranks second for both veterans and Hispanic veteran population. As an integral part of VISN 17, STVHCS provides services to the southern portion of the State of Texas. The greatest number of veterans served at the STVHCS are Hispanic. Rio Grande Valley, which has a predominantly Hispanic population, has an estimated veteran population of 48,000, and has been without a Veterans Administration hospital, thereby the system failing to adequately meet the needs of the Rio Grande veterans. The lack of such services has historically forced the Rio Grande veteran to travel well over six hours to receive hospital care at the Audie Murphy V.A. or Kerrville V.A. (operational 1947). The Veteran's Administration has been very

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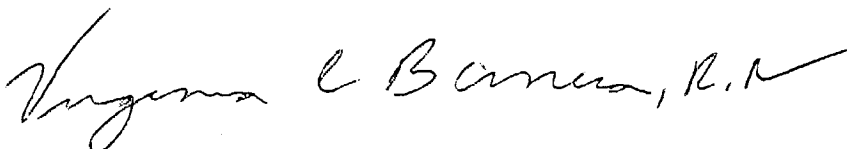
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fortunate that the Rio Grande Veteran's have not legally demanded fair and equitable health care services within an hour's drive. With the Veteran population aging and new veterans enrolling, we need to meet the needs of these veterans. This is not a time to cut the Veteran's healthcare, but to better improve upon the delivery of services to our veterans and their changing needs.

The United States population of approximately 4.5 million veterans will be reaching 75+ years of age by the year 2010. Healthcare needs of veterans requiring Long Term Care and Extended Care is projected to escalate. By the V.A.'s own projection forecast of elderly and frail veterans, there will exist a need of 17,000 additional nursing home care beds to meet the need. As a private citizen, federal employee, registered nurse and Union leader, I urge the C.A.R.E.S. Commission to recommend retaining all current facilities, projected facilities and services. In addition, I ask that a special emphasis be placed on the Rio Grande Valley Veteran population healthcare needs. I strongly urge this Commission to recommend adequate Extended and Long-Term care beds within the Rio Grande Valley. Failure to address and secure such services forces the Rio Grande Veteran out of their community, creating a hardship travel to San Antonio or Kerrville for the veteran and their families—such disparity in care constitutes nothing short of "Cold Storage". Rio Grande Valley veterans have earned the same right as any other veteran to have their family or loved ones at their side in times of illness. As a nurse, I attempt to provide the comfort and support to those veterans whose families do not have the financial means to be at their sides, however, I am well aware that I cannot substitute the love that my veteran patient needs or desires from his or her family member. I implore the Commission to provide access to services within their community, thereby allowing family and loved ones the opportunity to provide the support that is essential to recovery.

Let not CARES Commission be synonymous to the BRAC Commission. To deny our veterans their promised healthcare, would shatter their belief in a system that they risked their lives to support and protect. We have reaped the benefits gained by lives and broken bodies. Care for our veterans by supporting their healthcare needs. SAY NO TO HEALTHCARE CUTS FOR THE VETERANS. The veterans deserve healthcare in V.A. facilities, provided by caring V.A. staff. NO CLOSURE-NO CUTS IN THE STVHCS.

Sincerely,



Virginia C. Barrera, RN, BSN  
President, AFGE Professional Local 4032